compared to 1/14 LGI1-Ab+ patients (p=0.0024) and 1/12 healthy controls. 

**Conclusion** Neuroarthropathy pain may be present in both LGI-Ab+ and CASPR2-Ab+ patients, and is immunotherapy responsive. Serum IgG from CASPR2-Ab+ patients more frequently bound sensory neurons and dorsal root ganglia, suggesting pathophysiological differences which may underlie the more severe pain in these patients.

### 008 DISEASE REACTIVATION AFTER CESSION OF DISEASE-MODIFYING THERAPY IN RELAPSING-REMITTING MULTIPLE SCLEROSIS

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**Objectives** To examine factors determining risk of self-reported infections and antimicrobial use in patients receiving Ocrelizumab for MS.

**Methods** Retrospective, observational cohort study conducted in Ocrelizumab-treated patients at the Royal Melbourne Hospital. The association of clinical and laboratory factors with self-reported infection rate and antimicrobial use were estimated using univariate and multivariable logistic regression models.

**Results** 185 patients were included in the study, and 176 infections were reported in 89 patients (46.1%), and in 47 patients (25.3%) antimicrobial use was identified. In univariate analyses, a higher serum IgA was associated with reduced odds of infection (OR 0.44, 95% CI 0.25 - 0.76). In multivariable analyses, older age (OR 0.94, 95% CI 0.88 - 0.99), higher serum IgA (OR 0.37, 95% CI 0.17 - 0.80) and higher serum IgG (OR 0.81, 95% CI 0.67 - 0.99) were associated with reduced odds of infection. Older age (OR 0.85, 95% CI 0.75 - 0.96) and higher serum IgG (OR 0.23, 95% CI 0.07 - 0.79) were associated with reduced odds of antimicrobial use, whilst longer MS disease duration (OR 1.22, 95% CI 1.06 - 1.41) and higher EDSS (OR 1.99, 95% CI 1.02 - 3.86) were associated with increased odds of antimicrobial use.

**Conclusions** Higher serum IgA, IgG and older age were associated with reduced odds of infection. Our findings highlight non-uniformity of infection risk in Ocrelizumab-treated MS patients, and substantiate the need to monitor immunoglobulin levels pre-treatment and whilst on therapy.

### 009 PREDICTING INFECTION RISK IN MULTIPLE SCLEROSIS PATIENTS TREATED WITH OCRELIZUMAB: A RETROSPECTIVE COHORT STUDY

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**Conclusions** Higher serum IgA, IgG and older age were associated with reduced odds of infection. Our findings highlight non-uniformity of infection risk in Ocrelizumab-treated MS patients, and substantiate the need to monitor immunoglobulin levels pre-treatment and whilst on therapy.

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**Introduction** Ocrelizumab (OCR) is a humanised anti-CD20+ monoclonal antibody for the treatment of Multiple Sclerosis.